

October 25, 2012

CERTIFIED MAIL (7008 1300 0000 7158 1083)

Administrator
Ballard Manor
1710 NW 57th Street
Seattle, WA 98107

Boarding Home License #921
Licensee: Ballard Manor LLC

IMPOSITION OF CONDITION ON LICENSE

Dear Administrator:

This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, located at **1710 NW 57th Street, Seattle**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The conditions are based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your boarding home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on October 16, 2012.

WAC 388-78A-2090(6)(c)(8)(b)(i) Full assessment topics.

WAC 388-78A-2100 (1)(2)(a)(b) On-going assessments

The provider failed to re-assess two residents who smoked, for their ability to smoke independently and remain safe.

WAC 388-78A-2210(1)(a)(b)(2)(a) Medication services.

The provider failed to develop and implement a system to promote safe medication services for two residents.

WAC 388-78A-2230(10(b)(c)(i)(ii)(2) Medication refusal.

The provider failed to initially document medication refusal by two residents.

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your license:

- *The facility must hire an outside consultant at their own expense to assist the facility with developing and implementing a system to provide safe diabetic management.*
- *The consultant must assist the facility in properly assessing residents' smoking behavior to determine whether or not they are able to safely smoke unsupervised; if not, develop a proper plan to monitor and take action regarding unsafe smoking behavior.*
- *The consultant will ensure training of all staff on safe medication practices related to accurately documenting medication refusal by residents into the Medication Administration Records, and notifying physicians about medication refusals in a timely manner.*
- *The licensee will post the license with the enclosed Notice of Conditions of Operation in the facility in a location accessible to residents and visitors.*

The effective date of the condition on your license is October 25, 2012. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest this condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

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To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Lois Rasmussen, Field Manager
District 2, Unit D
20425 72nd Avenue South, Suite 400
Kent, WA 98032
Phone: (253)234-6020 / Fax: (253) 395-5071

If you have any questions, please contact Lois Rasmussen at (253) 234-6020.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

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Enclosures:

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 2, Unit D
RCS District Administrator – District 2
HCS Regional Administrator – Region 2
DDD Regional Administrator – Region 2
Office of Financial Recovery
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA-King
Medicaid Fraud Control Unit
John Ficker, HCS
HQ Central Files